



AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

361 S. FRONTAGE ROAD, SUITE 100 | BURR RIDGE, IL 60527

TELEPHONE: (708) 482-0110 | TOLL FREE: (800) 704-6270 | FAX: (708) 482-9140

IMPORTANT BENEFIT PLAN CHANGES

The Trustees of the Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund have made significant benefit improvements to the **Premier Plus** Plan as documented in the applicable combination Summary Plan Description and Plan Document ("SPD/Plan") that was previously provided to you. Each change is summarized below and is effective as of January 1, 2020.

1. The Plan was amended to increase the Hearing Aid Program allowance.
2. The Plan was amended to increase the Dental Benefits calendar year maximum and the lifetime orthodontia maximum.
3. The Plan was amended to provide enhanced Vision Benefits and increase the frames and contact lenses allowance for Network Providers.

SUMMARY OF MATERIAL MODIFICATIONS

This document, referred to as a “summary of material modifications,” is intended to supplement the SPD/Plan. You should retain this summary of material modifications with your copy of the SPD/Plan. If you have any questions, you may contact the Fund Office (708) 482-0110 ~ Toll Free (800) 704-6270.

1. Increase to Hearing Aid Program Allowance Effective January 1, 2020

The Plan increased the Hearing Aid Program allowance from \$600 per person every three years to \$2,500 per person every three years. Accordingly, the Schedule of Benefits table in the SPD/Plan was updated to reflect this change as follows:

Comprehensive Medical Benefit (Active Employees and their Dependents)	
Calendar Year Out-of-Pocket Maximums*	
Special Benefit Maximums	
<ul style="list-style-type: none"> Hearing Aid Program 	\$2,500 per person every three years

Comprehensive Medical Benefit (Active Employees and their Dependents)		
Type of Service	PPO Provider	Non-PPO Provider
<ul style="list-style-type: none"> Hearing Aid Program 	Plan pays 100% up to \$2,500 per person every three years	Plan pays 100% up to \$2,500 per person every three years

2. Increase to Dental Calendar Year Maximum and Lifetime Orthodontia Maximum Effective January 1, 2020

The Plan increased the Dental Benefits calendar year maximum from \$1,000 per person to \$2,000 per person and also increased the lifetime orthodontia maximum from \$2,000 per person to \$4,000 per person. Accordingly, the Schedule of Benefits table in the SPD/Plan was updated to reflect this change as follows:

Dental Benefits (Active Employees and Dependents)	
Calendar Year Maximum (not applicable to preventive oral care for eligible Dependent children under age 19)	\$2,000 per person
Lifetime Orthodontia Maximum	\$4,000 per person

3. Increase to Frames and Contact Lenses Allowance Effective January 1, 2020

The Plan enhanced the Vision Benefits by increasing the frames and contact lenses allowance for Network Providers from \$150 every two calendar years to \$175 every calendar year. In addition, for Non-Network Providers, the Plan increased the frames and contact lenses allowance to allow reimbursement to be made every calendar year instead of every two calendar years. Accordingly, the Schedule of Benefits table in the SPD/Plan was updated to reflect this change as follows:

Vision Benefits (Active Employees and Dependents)

	Network Provider	Non-Network Provider
Single Vision Lenses	\$20 copayment every calendar year for lenses and/or frame	Plan pays up to \$40 per person every calendar year
Frames	\$20 copayment for lenses and/or frame. Plan pays up to \$175 every calendar year	Plan pays up to \$50 per person every calendar year
Contact Lenses	In place of frames and lenses, Plan pays up to \$175 every calendar year for contacts and contact lens exam	Plan pays up to \$90 per person every calendar year